

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV 27 PM 2:02

DOCUMENT # P97000088128.
 1. Corporation Name
 OCEAN FIVE, INC.

2. Principal Office Address 7850 NW 72 AVENUE Suite, Apt. #, etc.		3. Mailing Office Address SAME AS 2 Suite, Apt. #, etc.	
City & State MEDLEY, FLORIDA		City & State	
Zip 33166	Country USA	Zip	Country

REINSTATEMENT 08

4. Date Incorporated or Qualified To Do Business in Florida 10/13/97

5. FEI Number 65-0790913	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 EDUARDO HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
 2479 SW 102 CT

Suite, Apt. #, Etc.

City
 MIAMI

State
 FL

Zip Code
 33165

000003490340-8
 -12/07/00--01068-014
 ****750.00 ****750.00

B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *E.R. Hernandez* Date 10/6/00
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HERNANDEZ, EDUARDO R	2479 SW 102 CT	MIAMI, FL 33166
ST	GUEVARA, BRAULIO	11522 SW 7 ST	MIAMI, FL 33174

10/12/15

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *E.R. Hernandez* Date 10/6/00 305-448-3898
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/95)